

HALT-C Trial
Ultrasound, MRI, CT

Form # 22 Version B: 09/10/2001

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: __ __ __

A3. Visit number: __ __ __

A4. Visit Date: MM / DD / YYYY ____ / ____ / _____

A5. Initials of person completing form: __ __ __

SECTION B: TEST RESULTS

IF THERE ARE MULTIPLE TESTS, COMPLETE ONLY **ONE** FORM USING THE RESULTS (IN ORDER OF PREFERENCE) OF: ULTRASOUND, MRI, CT. AFTER ANY FOLLOW-UP TEST RESULTS, QUESTION B4g SHOULD BE COMPLETED.

B1. Date of Ultrasound, MRI or CT: (MM / DD / YYYY) ____ / ____ / _____

B2. Test Performed was:

Ultrasound.....1

MRI..... 2

CT3

B3. Date when imaging first showed a suspicious nodule:
(MM / DD / YYYY) ____ / ____ / _____

a. Characterization of ascites:

Minimal.....1

Mild.....2

Moderate3

Marked4

Ascites Definitions:

- Minimal: Isolated thin sliver of fluid around the liver, or small pelvic pocket, or small amount of fluid in lesser sac
- Mild: multiple small collections as a thin sliver around the liver, pelvic pockets, small abdominal pockets
- Moderate: Fluid collection in multiple areas of the abdomen and around the intestines
- Marked (large): Bowel loops separated by fluid and large pools around liver, pelvis and peritoneal gutters

Patient ID: _____ - _____ - _____

B4. Was there evidence of a liver mass? Yes1
No.....2 (B5)

a. Maximum diameter of liver mass: _____ cm

b. Is the liver mass: well-defined11
ill-defined12

Defect Margins:
▪ Well-defined (discrete) – Relatively sharp margins indicating a clear-cut abnormality
▪ Ill-defined – Poorly defined margins or equivocal abnormality (i.e. geographic)

c. Are there prior films or a report available? Yes 1
No 2 (B4e)

d. Compared to the prior films or report, is the lesion:
seen and stable? 1
seen and increased in size? 2
seen and decreased in size? 3
other 99 Specify: _____

e. Does this liver mass require further follow-up at this visit? Yes..... 1 (B4g)
No..... 2

f. If there is no reason to follow-up on a liver mass at this visit, specify reason for no additional follow-up:
Specify: _____(B5)

TO BE COMPLETED AFTER FOLLOW-UP TEST.

g. If follow-up is required, is liver mass suggestive of HCC? Yes 1 (B4h)
(Complete Form # 65, Clinical Outcome Review, or Form #5, Trial Ineligibility, if patient is in screening)
No..... 2 (B4h)
Ambiguous 3

Specify: _____

